

D. J. Haswell Limited

Bluebird Care (South Tyneside)

Inspection report

1st Floor, Unit 3, The Bulrushes Woodstock Way, Boldon Business Park Boldon Colliery Tyne And Wear NE35 9PE

Tel: 01915194825

Website: www.bluebirdcare.co.uk

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Ratings

Overall rating for this service	Outstanding ☆
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding 🌣
Is the service well-led?	Outstanding 🌣

Summary of findings

Overall summary

About the service

Bluebird Care (South Tyneside) is a domiciliary care agency providing personal care to older people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found People and relatives described the care as exceptional. They said it was "second to none" and "phenomenal." One relative described it as a 'shining example' of what a homecare service should be.

Staff were especially responsive and regularly went above and beyond to ensure people's needs were anticipated and met with the utmost dignity and respect. Health professionals praised the skills of staff, especially for caring for people with complex needs. Staff strived to ensure people received care in personalised and meaningful ways.

The director, registered manager and whole staff team worked enthusiastically to provide excellence in line with the service's values. People were central to how the service operated. Staff were flexible and adapted to people's changing needs.

There was a very strong ethos throughout the service of putting people first and a desire to continually improve. There were good opportunities for people and staff to give feedback about the service. Staff felt particularly valued and listened to. The provider was proactive about participating in joint working initiatives and sharing good practice.

The service had developed innovative ways of ensuring staff received excellent support and their wellbeing was enhanced. The provider was especially effective when working with other professionals to develop the skills of the staff team. People and staff were instrumental in the quality assurance system to drive sustained improvement.

People, relatives and staff said the service was safe. Staff understood the safeguarding and whistle blowing procedures; they knew how to report concerns and were confident to do so. Previous safeguarding concerns had been reported and investigated. People received care from a reliable and consistent team of staff. New staff were recruited safely. People received their prescribed medicines when they were due. Incidents and accidents were investigated thoroughly.

Staff were very well supported from when they first started working for the service. They also had access to good training opportunities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had been involved in deciding the care they needed, care plans were highly personalised. The provider took a holistic view to ensure people continued to participate in activities.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 23 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Good •
Good •
Good •
Outstanding 🌣
Outstanding 🗘



Bluebird Care (South Tyneside)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 June 2019 and ended on 19 August 2019. We visited the office location on 2 and 3 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and the clinical commissioning group. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the director, operations manager, registered manager, deputy manager and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

The provider submitted additional information. We also contacted health professionals to gather their views about the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. One person commented, "Oh yes, I am definitely safe."
- Safeguarding concerns were investigated; appropriate action was taken to keep people safe.
- Staff knew about the safeguarding and whistle blowing procedures; they were confident about raising concerns if required. One staff member said, "I have not used it while working [for Bluebird Care South Tyneside]. I would definitely raise concerns though."

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risk assessments were carried out; these helped keep people and staff safe.
- The provider had procedures to ensure people continued to be cared for in unforeseen emergency situations.
- Staff followed the provider's infection control procedures.

Staffing and recruitment

- A consistent and reliable staff team provided people's care. People and relatives commented, "I get the same carers all the time" and "They are never late and never miss. I have never had to chase them up."
- The provider followed safe recruitment practices; pre-employment checks were completed to ensure new staff were suitable to work at the home.

Using medicines safely

- Medicines were managed safely; people received their prescribed medicines when they were due. One relative commented, "They make sure [family member] takes their medication on a morning."
- The registered manager checked care staff followed medicines management procedures correctly.

Learning lessons when things go wrong

- Action was taken following accidents or incidents to help keep people safe.
- The registered manager monitored all accidents and incidents; this allowed lessons to be learnt.



Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

• People's needs had been assessed; this included considering their religious, cultural or lifestyle needs and preferences.

Staff support: induction, training, skills and experience

- Staff were skilled and knowledgeable about people's care needs. People commented, "They are very good, they look after you properly" and "They are well trained or seem to be."
- Staff were very well supported and had access to a wide range of training. Staff commented, "I feel I have a lot of support" and "Training is very good, I shadowed every type of carer."
- Training, supervision and appraisals were up to date.

Supporting people to eat and drink enough to maintain a balanced diet

• People were supported to have enough to eat and drink according to their needs and wishes. One person said, "I have them to help me out of bed and give me breakfast."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

• People had regular input from health care professionals; this included GPs, community nurses and specialist nurses.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

• Staff had completed training on the MCA; they used this knowledge to support people, who lacked capacity, to make choices and decisions. One staff member commented they would, "Pick two or three meal choices [based on people's preferences], show them and let them choose." Other staff described a similar process for supporting people with clothing choices.



Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care from a caring staff team. People and relatives commented, "It is very good, everything about it. They look after you properly" and "The carers are excellent. They are very willing and kind."
- People and staff had developed positive and caring relationships. Some people described how the care workers were like part of their family. One person commented, "I couldn't speak more highly of [care worker]. I appreciate what they do."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in deciding how their care was provided. People and relatives said, "They will do anything for us that we ask. You couldn't get better."
- Care plans clearly identified how people preferred to communicate; this meant staff had guidance on the most effective ways of encouraging people to make choices and be involved in their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect; promoting independence was an important element of the care provided. People told us, "They are very helpful, they help me to maintain my independence. They also maintain my dignity, they are very good."
- Staff had an excellent understanding of the importance of maintaining dignity and respect. They described how they would deliver care in line with people's individual preferences. They said they would always involve the person throughout without ever presuming what people wanted and promoted independence as far as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- Staff went the extra mile to provide compassionate care and support at the end of life. One health professional commented, "Staff always go that bit further. They stay longer [with people than expected]." They gave us an example of one person's care where staff would not leave until they were absolutely certain the person was okay.
- Staff had excellent skills to ensure people had the best possible end of life care. Health professionals said, "We use them for palliative care. The staff have excellent skills. Everybody speaks highly of them in South Tyneside" and "I have seen them [care staff] with patients. They are very professional. The way they talk to people is very caring."
- Relatives praised the provider for the excellent end of life care their family member had received. One relative described their family member as having "first class care" from "fabulous staff". Another relative praised the staff for providing exceptional care and said staff went above and beyond to care for the person and their whole family. They referred to the service as a 'shining example' of what a homecare service should be.
- People could discuss their future care wishes; these were included in a care plan.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were passionate and committed to ensure people received care that was individual to them and which also allowed them to live as independently as possible. One person told us, due to particular circumstances, they must have a consistent staff team they knew and trusted. This was essential to maintain their wellbeing. They confirmed the provider ensured this happened. They commented, "I need continuity, I need regular faces. They try and make it familiar [staff]. Every now and then they introduce new faces. Team leaders check to see if I am happy."
- Staff had also gone above and beyond on many occasions to ensure people's needs were met. One person said, "Staff are phenomenal ... They go beyond expectations." A staff member responded and picked up a call out of usual office hours to support a person who was unexpectedly discharged from hospital late at night. Another staff member travelled at very short notice to support relatives when a family member required support during a journey to attend a family event. This meant staff responded effectively to ensure these people were reassured and comfortable.
- People were actively involved in determining the content of their care plans, such as their preferences, which areas they wanted to retain control over and the outcomes they wanted to achieve. This meant care plans were highly personalised and focused on promoting choice, dignity and independence.
- Staff involved people in meaningful ways to review their care plans. A numerical rating scale was used to

help people articulate how satisfied they were with their care. For all care plans we reviewed, people rated the quality of their care extremely highly. Where changes were required these were implemented without delay.

- The provider was extremely flexible; they responded swiftly, often at short notice, to ensure people received the care they wanted. A relative praised the service for picking up extra calls when their personal circumstances suddenly changed.
- Staff responded effectively to people's changing needs; there were numerous examples where staff had responded without hesitation when people had taken ill. One relative praised staff for the excellent care their family received in a crisis situation. They wrote to the provider saying the staff member had saved their family member's life. Another relative commented, "[Family member's] needs are different on a day to day basis. Staff know their needs very well. The girls are brilliant with family member. They give them the time they need, they sit and chat."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although participating in activities was not the direct responsibility of staff; staff often went the 'extra mile' to ensure people could continue with important social interests to promote their wellbeing and maintain social contact. They supported one person living with dementia to continue to enjoy meals out and to access concerts at local music venues.
- Staff also arranged, with appropriate consent, for the person to spend a weekend away at a location of special importance to them. Staff were planning a further trip to fulfil a lifelong wish. They made all the arrangements and supported the person. Staff covered all costs so that the person could enjoy some special time away without worrying.
- The provider ensured people received their care from the right staff. One person commented, "We have a good relationship with the carers. We have common interests with sport. They have become part of the family. They do so much for me."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans were highly personalised; they described people's communication needs and any support they needed.
- Where people had difficulties with communication, information could be made available in different formats

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain if required; they gave us only positive feedback about the service. One person said, "They are very good, I cannot complain about anything."
- The provider had a complaints procedure to help ensure complaints were thoroughly investigated.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a clear vision to provide high-quality, personalised care to promote good health and wellbeing. An enthusiastic director and registered manager drove this forward for people using the service. One person told us, "They are fantastic, they are incredible. They do everything for us, they will not leave you if you have anything at all to be done. I have had other care companies ... It is world's ahead of the others."
- People's and relative's feedback mirrored these values of prioritising people's wishes with the utmost dignity and respect. One relative said, "They [care staff] have a lovely relationship with family member. They spend time with [family member]. They make time to talk with them, not just rushing through the door. They also spend time with [other relatives] as well. This led to positive outcomes for people, such as supporting one person, with a specific health condition, to re-engage with their local community and lead a fuller life.
- There was an open and transparent culture within the service; staff felt especially valued and highly motivated. One staff member told us, "I am very, very supported. I have come on leaps and bounds. I have just passed team leader qualification. The support has been absolutely fantastic."
- Staff had excellent support and development opportunities to promote their wellbeing, including holistic therapies. A staff member had suggested and developed an innovative approach, called a 'skills wheel'. Staff continuously measured their personal development across key skills required for the job and reflected on their personal wellbeing. This staff member recently won trainer of the year at the Great British Care Awards (NE) for their work in developing this approach. They were also nominated for the National finals.
- Health professionals praised the provider for the high-quality training provided to staff. They commented, "They are a really good service, their carers are more highly trained. They have been fantastic with patients with more complex care needs" and "Staff have excellent skills to deal with more acute problems." Learning styles were assessed so that staff received training that was tailored to their personal needs. For example, a more visual format for one staff member with a specific condition.
- Initiatives had been introduced to recognise staff excellence, to promote wellbeing and staff retention. The provider had a GEM (going the extra mile) scheme, whereby staff were nominated to recognise their excellent work. The provider also had a loyalty scheme which rewarded staff after three and five years service.

Continuous learning and improving care; Working in partnership with others;

• The provider was proactive about sharing learning and promoting best practice. They had developed links with a local college and spoke at a graduation ceremony for health and social care students to promote the work of homecare staff.

- The provider kept up to date with current priorities to promote people's health and wellbeing. For example, they understood the importance of oral healthcare; an oral healthcare champion had been identified and staff were doing specific training to promote oral health when caring for people.
- Health professionals were exceptionally positive about the service. They described the excellent reputation the provider had earned in the local area and how they welcomed working with the provider.
- The provider strived to continually develop the service for the benefit of people and staff. Projects were ongoing to introduce; technology to improve rostering, delivery of training and communicating with staff. Other projects focused on all staff completing accredited training in areas such as dementia care, end of life care and equality and diversity. These had been communicated to staff outlining how these projects would have a positive impact on their work.
- There was an emphasis on continuous improvement. The provider engaged an external company to carry out mystery shopping in order to further develop the service for the benefit of people and staff. This was carried out from the perspective of a person looking for a care service and people looking for a career in care. The findings were extremely positive. The results had been analysed and an action plan developed to improve people's experience of accessing the service.
- Quality assurance was embedded within the service and used as a means to learn and improve the service. This included spot-checks and audits which had been successful in identifying areas for improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were integral to quality assurance and feedback was used to make improvements.
- People and relatives were empowered to give their feedback about their experience of using the service; this was used to improve the care they received. They discussed whether their needs were being met and any changes needed; the provider was proactive in ensuring these happened in a timely way. This checked the service continually met people's expectations. One relative said, "They listen to what I have to say. They are brilliant."
- Staff equally felt empowered to speak up and share their ideas and suggestions. One staff member commented, "I have made a few suggestions. They were listened to and put in place. I always feel happy and confident [to speak up]". The "skills wheel" was developed from a staff member's idea. Staff gave overwhelmingly positive feedback in the most recent staff survey.
- There were effective links with the local community and joint working with other organisations to promote positive outcomes for people. They supported people to attend afternoon tea at a local social inclusion project, even though activities provision was not part of the care packages in place.
- Newsletters were used to communicate with people and staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager; they had worked for the service for a long time. Statutory notification for significant events had been submitted appropriately.
- The director and registered manager had a clear vision for the future direction of the service.